

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. Adams St., suite 4600, Phoenix, Arizona 85007
Phone (602) 364-1PET (1738) FAX (602) 364-1039
vetboard.az.gov

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: June 20, 2018 Case Number: 18-121

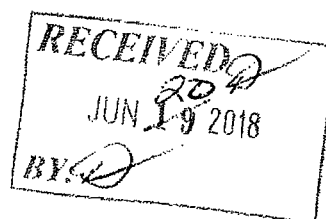
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: BRIAN TONCRAV, DVM
Premise Name: 1ST PET VETERINARY CENTERS
Premise Address: 520 W. UNION HILLS DRIVE
City: PHOENIX State: AZ Zip Code: 85027
Telephone: 623-849-0700

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: NICHOLAS WISE
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: CHEVY
Breed/Species: POINTER MIX
Age: 1 yr. Sex: MALE Color: WHITE/BLACK SPOTS

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

1. BRIAN TONCRAV, DVM 520 W. UNION HILLS PHOENIX, AZ 623-849-0700

2. DEREK W. BOWER, DVM 23425 N. 39TH DRIVE GLENDALE, AZ 623-780-3535

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

BEVERLY WISE

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [Signature]

Date: 6.18.18

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

THE SURGERY PERFORMED BY 1ST PET ON CHEVY WAS AN INCOMPLETE AND NEGLIGENT SURGICAL PROCEDURE. WE TOOK CHEVY TO 1ST PET ON MAY 22, AROUND 10 PM. WE WERE TOLD SURGERY WOULD BE PERFORMED AROUND MIDNIGHT.

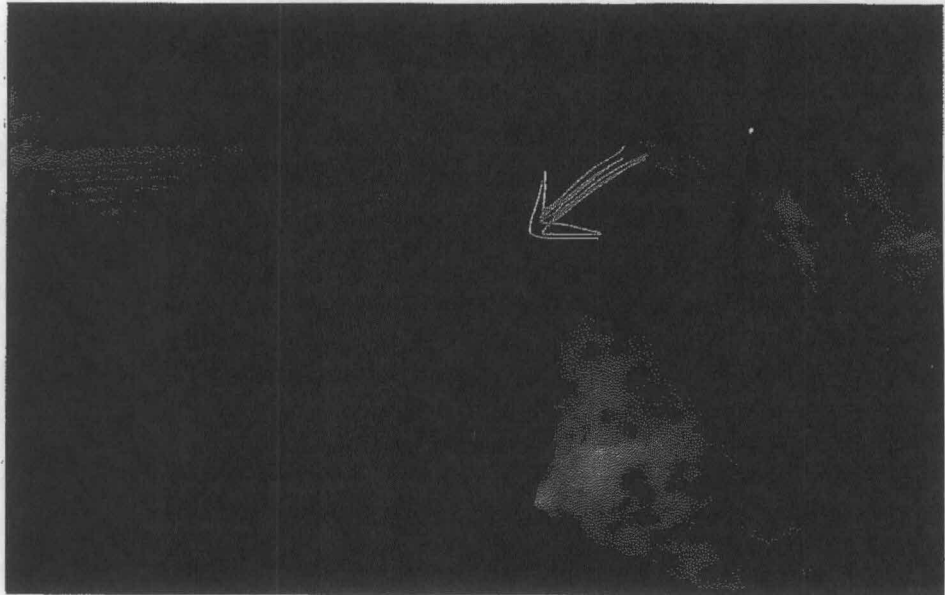
CHEVY WAS PICKED UP ON MAY 23RD AT 4:00 PM. THE PICTURES SHOWS HE WAS SENT HOME WITH DEAD TISSUE, LOOSE STICHING, EXCESS LOOSE SKIN, BUILDING UP OF FLUID INFLAMATION AND A DRAIN TUBE THAT WAS INEFFECTIVELY INSTALLED AND NOT WORKING PROPERLY.

CHEVY WAS SEEN BY 1ST PET FOR FOLLOW UP ON SATURDAY, MAY 26TH. IT WAS TOLD TO THEM THAT THE DRAIN DID NOT SEEM TO BE WORKING. HE HAD EXCESS FLUID BUILD UP. NOTHING WAS DONE TO CHEVY AT THIS TIME AND WAS TOLD BY VET ON STAFF THAT CHEVY WOULD NEED MORE SURGERY, AND IF WE WERE TO USE 1ST PET, TO LET THEM KNOW SO THEY COULD ALL IN A VET FROM CHANDLER, THAT HE MAY ALSO NEED SURGERY FOR SKIN GRAFTS TO REPAIR THE SURGERY AND ISSUE. IT WAS ADVISED TO BRING CHEVY BACK ON TUESDAY, MAY 29TH.

CHEVY WAS TAKEN TO ANIMAL MEDICAL CENTER OF DEER VALLEY ON TUESDAY, MAY 29TH, WHERE 90 ML OF FLUID WAS EXTRACTED. THE VET PERFORMED "WOUND REPAIR" SURGERY ON CHEVY ON 6.4.18. AS SEEN IN PICS, THE "WOUND REPAIR" WAS EXTENSIVE AND WAS DONE VERY EFFICIENTLY.

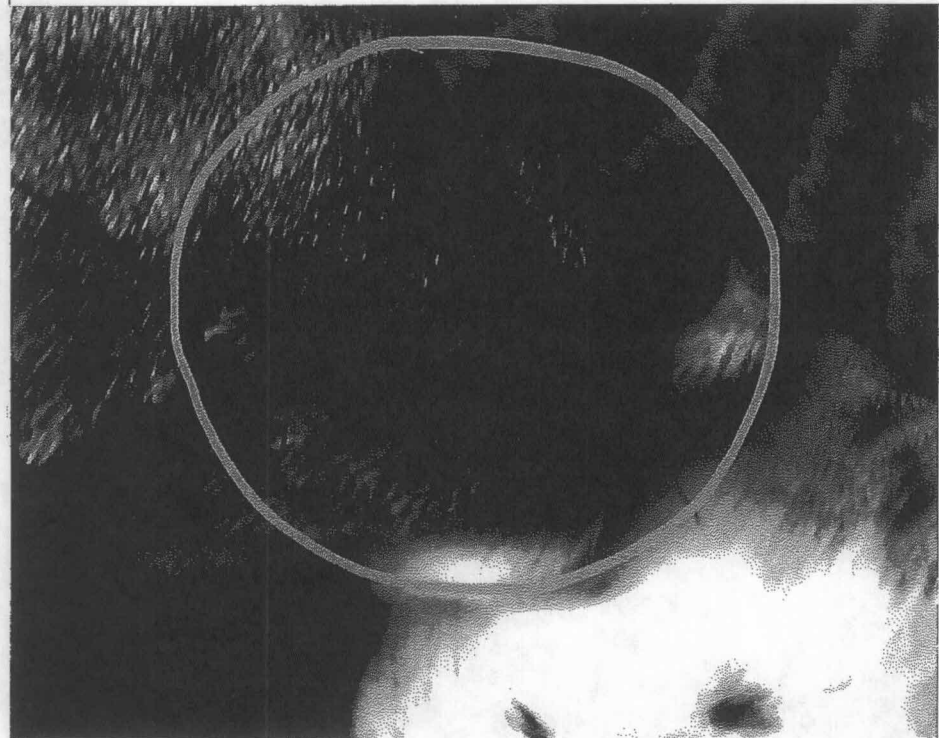
MAY 24TH - DAY CHEVY WAS
BROUGHT HOME.

1ST PET



MAY 25TH

1ST PET



18-121

Brian Toncray, DVM

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

July 5th, 2018

Arizona Veterinary Medical Examining Board
1740 W. Adams St., Ste. 4600
Phoenix, AZ 85007

To Whom It May Concern,

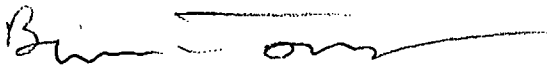
Included are all medical records pertaining to "Chevy" Wise. "Chevy" Wise, a 1 year old intact male English Pointer, presented on 5-22-18 with an acute onset of a degloving injury to his right thorax. On presentation he was triaged, examined by me, and administered hydromorphone.

Shortly after presentation, I discussed the plan with the owners. Present in the room were three individuals including the brother, mother, and father of the owners. Owners were on vacation at the time, but Nick Wise was placed on the phone in the exam room and I discussed my recommendations and risks.

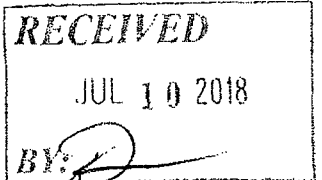
I explained to them that Chevy would need to undergo anesthesia, surgical debridement, and repair of the wound. I said that with all wounds, the extent of damage to blood supply is unknown and we will not know how well it will heal until about 2-5 days out. I warned owners that regardless of how well the surgery goes, there is a risk of dehiscence or the potential for failure of the surgery. I told owners that failure would require alternative forms of wound management. I warned owners of the risk of anesthesia. I explained to owners that surgery will not start until after midnight or later if critical patients enter facility.

I found no significant abnormalities on pre-op blood-work or radiographs and surgery was performed. No penetration into thoracic cavity was noted and the wound was subsequently repaired. I called owner to let him know how Chevy did (I believe that I talked to Nick on the phone). I mentioned that he had some bradycardia and hypothermia under anesthesia, but surgery went well. I warned him that although surgery went well, it may require another debridement as skin may become necrotic in coming days. Chevy was discharged later with medications and instructions regarding post-op care which also reiterated the risk of further necrosis or dehiscence of wound. Please contact me if you need any further information.

Thank you,



Brian Toncray, DVM





ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M.
Mary Williams
Carolyn Ratajack

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Michael Raine, Assistant Attorney General

RE: Case: 18-121
Complainant(s): Nicholas Wise
Respondent(s): Brian Toncray, D.V.M. (License: 6458)

SUMMARY:

Complaint Received at Board Office: 6/20/18
Committee Discussion: 10/2/18
Board IIR: 11/21/18

APPLICABLE STATUTES AND RULES:

Laws as Amended April 2018
(Green); Rules as Revised September
2013 (Yellow).

On May 22, 2018, "Chevy," a 1-year-old intact male Pointer mix was presented to Respondent on emergency with a degloving injury to the right thorax. Surgery was performed and the dog was discharged the following day.

On May 26, 2018, the dog was presented for a recheck with Respondent's associate. Complainant was advised that the dog would likely need another surgery due to the extent of wound and necrosis.

On May 29, 2018, the dog was presented to Animal Medical Center of Deer Valley for a second opinion; treatment was provided and the dog was discharged.

On June 1, 2018, the dog underwent wound repair/resection of necrotic tissue.

**Complainant was noticed and appeared. Witness, Beverly Wise appeared.
Respondent was noticed and could not be reached telephonically.**

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Nicholas Wise
- Respondent(s) narrative/medical record: Brian Toncray, DVM
- Consulting Veterinarian(s) narrative/medical record: Derek Bower, DVM – Animal Medical Center of Deer Valley.

PROPOSED 'FINDINGS of FACT':

1. On May 22, 2018, the dog was presented to Respondent with a partial right thoracic degloving wound. Upon exam, the dog had a weight = 38.7 pounds, a temperature = 102.9 degrees, a heart rate = 110bpm and a respiration rate = 28rpm. Respondent noted the wound extended approximately 12 inches vertically with flap exposing underlying musculature and another laceration approximately 4 inches in length was present in the middle of the flap. The dog was administered hydromorphone 0.8mg IV.
2. Respondent spoke with the pet owner (on the phone) and family (present in exam room) regarding the degloving injury. He recommended debriding the wound, repairing it and placing a drain. Respondent warned of potential dehiscence as the blood supply was unknown, which could occur within the next few days. He also discussed the risks of anesthesia; surgery was approved.
3. Blood work and thoracic radiographs were performed; an IV catheter was placed and Lactated Ringer's Solution was started. The dog was premedicated, induced and maintained on gas anesthesia for the laceration repair. Debridements were made with metzenbaums and a dead space was reduced with 3-0 monocryl. No thoracic penetration was noted and a flat JP drain was placed in wound bed penetrating below cutaneous trunci and exiting dorsally out of skin. The dog was hypothermic and bradycardic under anesthesia therefore atropine was administered. Incisions were closed and the dog recovered.
4. Respondent contacted Complainant after surgery. He relayed that the dog did well but there was skin a risk of skin necrosis requiring another debridement. Respondent felt that the risk of closure failure was low but it was hard to know how good the blood supply to the tissue was during the surgery; some skin edges may necrose as well. They would know more about the blood supply in the next few days.
5. On May 23, 2018, the dog remained in the hospital for treatment and monitoring and was discharged that afternoon with an Elizabethan collar, carprofen, tramadol, Clavamox and Trazodone. Instructions were given to limit the dog's activity, apply warm compresses to the open wound to encourage drainage and remove discharge, and to empty the JP drain 4 – 6 times daily or when became full. The dog was to be rechecked in 3 – 5 days.
6. Over the next couple days, the dog's caregivers were having difficulty with the JP drain and noted a bulge near the dog's armpit; necrosis was also noted. It was advised to warm compress the swelling and massage downward to facilitate drainage. The necrosis should be evaluated. Additionally, the dog had melena and carprofen was discontinued.
7. On March 26, 2018, the dog was presented to Respondent's associate, Dr. Dahlquist, for a recheck. The drain was draining intermittently, warm compresses were being applied, and it was challenging keeping the dog calm despite the Elizabethan collar and sedatives. The dog was examined and early wound necrosis/dehiscence was suspected. Dr. Dahlquist advised that the area was necrosing but it was not surprising due to the extensiveness of the wound. The dog would likely need one more surgery to debride the necrotic tissue – a specialist was recommended due to the possible need for skin grafts or other special treatments. Dr. Dahlquist

recommended keeping the dog on antibiotics and refilling as needed; Benadryl was also recommended to help with sedation. It was recommended to have the dog rechecked in 2–3 days or sooner if needed.

8. On May 29, 2018, the dog was presented to Dr. Bower at Animal Medical Center of Deer Valley for a recheck of the drain/swelling following a surgical repair of wound. At the time of the exam, the JP drain was still present but was currently non-productive. Complainant had been draining fluid and recording the amount of fluid by was only able to drain a small amount of the fluid the day before presentation. The repair site appeared to be healing well with the exception of a 4cm x 3cm area of black firm tissue at the center of the surgery site. There was a large amount of subcutaneous fluid present in the center of the repair. Complainant was aware that the plan was to remove the drain and surgical resect the necrotic tissue. It was elected to remove the drain and 80ml of serosanguinous fluid was drained from the area of swelling in the right lateral thorax, dependent to the necrotic tissue at center of repair. The plan was to see if removal of drain would reduce the amount of fluid present and monitor healing with second surgery if needed. The dog was discharged with Amoxicillin/Clavulanted and was to continue with sedation.

9. On June 1, 2018, the dog presented to Dr. Bower due to fluid returning to site of wound repair. Complainant reported that the dog had removed the t-shirt covering the area and scratched at the incision resulting in the recent swelling. The area was cleaned and 90mLs of serosanguinous fluid was removed via aspirate. Surgical resection of the necrotic tissue was scheduled and acepromazine was prescribed for additional sedation.

10. On June 4, 2018, the dog was presented to Dr. Bower for surgical removal of necrotic tissue. The procedure was performed and a Penrose drain was placed. A culture was obtained and the dog recovered uneventfully. The dog was discharged with instructions to continue antibiotics and sedation.

11. On June 8, 2018, the Penrose drain was removed and culture was negative.

12. On June 19, 2018, the wound was healed and sutures were removed.

COMMITTEE DISCUSSION:

The Committee discussed that with degloving injuries it is difficult to know how much tissue is going to survive. Discoloration to the tissue does not mean that the tissue was dead or that something was not properly performed. It is helpful to save as much of the tissue as possible in case another procedure is warranted. Respondent explained in person and on discharge instructions, that further surgery may be needed. It was obvious at the time of the second procedure what tissue did not survive based on the lack of blood supply.

It was unfortunate that the drain became clogged and there was some fluid buildup but it did not mean that something was done improperly. Post-op complications can occur with that type of injury.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

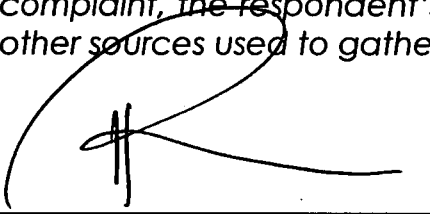
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division